mailed



ERNIE FLETCHER
GOVERNOR

## CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR MEDICAID SERVICES
DIVISION OF LONG TERM CARE AND DISABILITY SERVICES
275 EAST MAIN STREET, 6W-B

FRANKFORT, KENTUCKY 40621-0001 (502) 564-7540 (502) 564-0249 FAX <u>www.kentucky.gov</u> JAMES W. HOLSINGER, JR., M.D. SECRETARY

May 21, 2004

Nursing Facility Provider Letter # A-206

Dear Nursing Facility Provider:

As you are aware, Nursing Facility Level of Care (LOC) criteria was revised April 1, 2003. These revisions resulted in denial of LOC and services for some individuals previously authorized for Nursing Facility services. These individuals may not currently be receiving services.

The Department for Medicaid Services (DMS) has reinstated the services that were in place at the time the Final Order was issued by the Administrative Hearing Officer for those individuals not receiving services. Individuals that have been reinstated will receive a letter from DMS notifying them of this action.

Providers who were rendering services to those individuals at the time the Final Order was issued will also receive a copy of the individual's reinstatement letter. Providers receiving a carbon copy of the reinstatement letter should resume providing services to the individual or assist the individual in locating another provider. If another provider is selected, you must forward a copy of the reinstatement letter to the new provider.

National Health Services (NHS) will <u>not</u> be issuing level of care confirmation notices or prior authorization letters to these individuals or to the providers. The reinstatement letter will serve as the prior authorization.

If you have questions regarding this correspondence, please contact Judy Montfort, RN, at the Department for Medicaid Services, Division of Long Term Care and Disability Services, Facilities Services Branch at (502)564-5707 ext. 3109.

Respectfully,

Department for Medicaid Services